MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/551525

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		
2						1
3		1				
4		1				
5		1				
6		1				
7	1					
8						
9	1					
10						
11		6		1		
12		6				
13		6				
14		6				
15		6		1		
16		6		1		
17		6		1		
18		6				
19	1			1		
20		1				
21		1				
22		1				
23		1				
24		1				
25		6				
26		6				
27		6		1		
28		1				
29		1		1		
30		1				
31		1				
32		1				
33		1				
34		6				
35		6		1		
36		6				
37		6				
38		6				
39		6				
40	1					
41		1				
42		1		1		
43	1			1		
44		1		1		
45		5				
46		4				
47		4				
48		4				
49		4				
50		4		1		
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	⬅		⬅		⬅	
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		6				
52		6				
53		6		1		
54		6				
55		6		1		
56		6				
57		6				
58		6		1		
59		6		1		
60		6		1		
61		6		1		
62		6		1		
63		6				
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96						
97						
98						
99						
100						
TOTAL IND.	↓	7	↓		↓	
TOTAL DEP.	⬅	31	⬅		⬅	
TOTAL CLAIMS		38				

PTO - 1360 (REV. 11/04)